FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 16: 0

REGISTRAR		MEI	DICALE	XAMIN	ER'S C	ERTIFIC	CATE	OF DEA	ATH RI	EG. NO.	4 /	0	Ų
1. DECEASED NA/	ME FIRST		MIDDLE	- 1 - 1 - 1		LAST			20. DATE KNOW	W IN	AONTH DA		26. HOUR
(TITE ON TRINTY)	Idbaw	i Ibi	rahin	n :	FARR	AJ			OF EST DEATH MAT		9 23	79	HOP
3. SEX Male	4. RACE White	5. DATE OF BIRTH	36°	6. AGE (IN YE	AY) MONTH		IF UNDER	MIN.	2c. DATE PRONOUNCED DEAD	MG	9 27	79	24. HOUR
Jerusa		76. CITIZEN OF WHUSA	AT COUN	TRY?	8. MARRI WIDOW	ED NE	VER MARR		9. BALTIMORE Garre		OUNTY O	DEATH	MD
ID. CITY OR TOWN Deer	Park Park	II. NAME OF HOS	PITAL, NUR	SING HOME	, OR OTH	er institu	TION	120. USI Sa	Les Mai	N (TYPE OF V	WORK 12b.	KIND OF BU ORINDUST Insu	USINESS
USUAL RESIDENC 130. STATE Pa	E (IF IN NURSING HOME OF 13), COUNT	other institution, GN Y Moreland		OR TOWN		13d. INSIDE (Yes	ITY LIMITS?	13e. STR He	EET ADDRESS mpfield		Deeri		Dr.
14. FATHER'S NAA Ibrah		WIDDLE	Fari	asi		rati	IRST	EN NAME	MIDDLE		Rali	ah	
160. WAS DECEAS (YES, NO, OR UNK)	SED EVER IN U.S. ARM NOWN) (IF YES, GIVE V		1	-30-6		17. INFORM		٧.	Farraj	DRESS Sai	me as	13e)
18. CAUSE PARTIE	OF DEATH (Enter only one cause per line far (a), (b), and (c).) DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation									APPROXIMATI TWEEN ONSE	T AND DEATH		
	ians, if any, which	Due to, or as a consequence of Accidental Drowning								11			
cause ((a) stating the <u>under-</u> ause last.	DUE TO, OR	AS A CON	SEQUENCE	OF							179	
	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	BUT NDT RELAT	ED TO THE TERM	IINAL DISEASE	DR CONDITIO	N GIVEN IN PA	RT 1 (a).					
190. DATE C	OF OPERATION	196. CONDIT	ION FOR V	VHICH OPER	ATION W	AS PERFOR	MED?				20	AUTOPSY	? NO.K
UNDERLYIN	NAL CAUSE WAS NG OR TING CAUSE OF D	216. TIME OF		243 Y949					Mater Water		UGR PAGO		
21d INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e PLACE C STREET, FACTO Deep	OF INJURY ORY, FARM, ET Cree	Ç.)		reet	Rt.,	De	er Park	: Ga	rret	t M	d. STATE
22a. I cer	tify that tack charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion Ited fram, Natural causes ; Accident , Suicident, Hamicide , Undetermined manner ,												
ACTUAL SIGNAPURI	Jan	-1	1	El	(_M	DEPU	PECIEY)	MED	ICAL EXAMINER	!	DATE 9	-27-	79
	NAME James									., 0	alcl.a	nd,	Md.
Buri:		9/29/79		ame of cell		Mem.	Pk.	Sa.	Lem Twi				a.
24. FUNERAL DIRE	n O Dur	st, Oak	Land,	Md.	215		25a. DATE	OCT	REGISTRAR 256 0 1 1979	. REGISTE	SR'S SIGN	Are Cu	andy

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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	0	-	0	LL.	-	۵
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_	JICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS	E THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE F	SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE	FERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED	eath, with the state department of health and mental hygiene, division of vital records, 301 m	TANDAL AND STAND STANDARD COLOR COLANIA TON TANDARD AND THE STANDARD STANDA
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1	FOR STATE			DEPARTMENT OF				2	2 1	6 1
110	REGISTRAR		MEI	DICAL EXAMIN	NEK'S CE	RIFICATI		REG. NO.		
	YPE OR PRINT)		dley	Thomas	Go	rlitz	OF	ESTI-	9 15	79B30
3. S	EX	4 RACE	5. DATE OF BIRTH	6. AGE (IN Y			DER 24 HRS. 2c. DA	TH MATED	MONTH DAY	19 1 7 2d. HC
	Male	White	Nov. 30,	YEAR LAST BIRTH			MIN PRONC	UNCED	9 15	79830
7a.	BIRTHPLACE FOREIGN COUNTS	(STATE OR	76. CITIZEN OF WE	IAT COUNTRY?		D NEVER MA	APPIED (X 9. BAL)	TIMORE CITY OF	COUNTY OF D	EATH
	Maryl.	and	U.S.A.		WIDOWE	DIVID DIVID	ORCED U	rrett		
ID.		N OF DEATH		PITAL, NURSING HON CILITY, GIVE STREET ADDRESS:)	INSTITUTION	12a. USUAL OC	CUPATION (TYPE (OF WORK 12b. KIN	DOF BUSINESS
JSI	Frost	OUTS	Rural ROTHER INSTITUTION GIVE	Rt. 2 Be	all S	hhool I	Rd. No	<u>ae</u>	N	one
	STATE Maryl	_ I3b_COUN	rett	Frostbu	יייי	INSIDE CITY LIMIT	13e. STREET ADI	DRESS	7 0-1-	. 7 70.1
_	FATHER'S NA			12103000		5. MOTHER'S MA		2, Beal	1 Scho	or Ha.
	Pa		MIDDLE G	arlitz		Mar		MIDDLE	Pressm	an
16a.	WAS DECEA	SED EVER IN U.S. ARA		166. SOCIAL SECURI	ITY NO.	. INFORMANT		ADDRESS	Rt. 2	
	No	(III TES, GIVE	WAR OR OATES	None		Paul !	P. Garli	tz, Fro	stburg	, Md.
	18 CAUSE	OF DEATH (Enter and							AP BETW	PROXIMATE INTERVAL
	10.		E CAUSE (a)	sphyxiat					Mi	nutes
	Candi	o & hians, if any, which		AS A CONSEQUENCE						
	gave	rise to immediate (a) stating the under-	(-)	ccidenta AS A CONSEQUENCE		wning				**
		ause last.	(6)	NO N CONSEQUENCE	01					
		R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATED TO THE TER	MINAL DISEASE O	R CONDITION GIVEN I	N PART 1 (a).			
CERTIFICATION										
FICA	19a. DATE	OF OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION WAS	PERFORMED?			73	UTOPSY?
ERTI	21a. EXTER	NAL CAUSE WAS	21b. TIME OF	INJURY	I 21c HOV	V INTURY OCCU	IRRED (ENTER NATURE OF	F IN 11 IPY IN ITEM 18 PA		ES NOT
		NG OR ITING CAUSE OF D		MONTH DAY YEA	D		private			
MEDICAL	21d. INJUR	Y OCCURRED	21e. PLACE C	F INJURY (ATHOME.	211. LOCA	TION		-	District Co.	
Σ	WHILE AT WORK	NOT WHILE	Farm	Pond	Rt.	2, Fr	ostburg of	(Garret	t Co.)	Md. STATI
	22a. I ce	rtify hat I took charg	e of the remains desc	ribed abave, held an	Autapsy	, Inspe	ction X, Inqui	iry X, and	in my apinion	
	death res	ted fram: Natur	al causes	Accident X // S	uicide .	Hamicide [7			
	ACTUAL	X ,	2	X.		TITLE (SPECIFY				
	SIGNATUR	Flow H	V.	- 10	M.D	DEPUTY	MEDICAL EX	AMINER	SIGNED 9	-15-79
0	EXAMINER	S NAME ames	H. Feas	ter, Jr.	М.,	105	7 S. 2nd.	St	Ode lan	2 1// 2
23a.	BURIAL, CREW	ATION, REMOVAL 2	b. DATE	23c. NAME OF CE			23d. LOCATION		Osk lan	
	Bu	rial S	ept.1817	9 Bloch	er Ce	meterv	CITY OR TOWN	ett Cou	DTV M	STATE
24.	FUNERAL DIR	ECTOR				250 DA	RED D/BY SEGN		TRANS SIGNATE	
	Dur	st Funeral	Home, Fr	ostburg, M	id. 215	32			/	11

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Language Commission				
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	1-	FOR STATE REGISTRAR		MEI		NT OF HE		AND MENTAL H		9	2	2	1	6 2	2
	1. DE	CEASED NAME FIRST			WIDDLE		LAST			DATE KNO	OWN F	MONTH	DAY	YEAR	2b. HOUR
	(TYP	e or print) Nant	nie				Larse:	n		OF ES	511-	8	24	19 79	430A
ARY, PLEASE TO DIRECTOR. YOUR FILES. N 72 HOURS TON STREET,	3. SEX	emale White	MON	t.5,18	YEAR		MONTHS DAYS			DATE ONOUNCED DEAD	D	MONTH 8	24	YEAR 19 79	24. HOUR 8 A
VECESSA VECESSA VETTINA	W.	RTHPLACE (STATE OR REIGN COUNTRY)	7b. CI	U.S.A.	IAT COUNTRY	w	DOWED T	NEVER MARRIE DIVORCE	ED L	Garre	_	COUN			MD.
ELAY IS P		ry or town of death Oakland					Home	TUTION	FOR MOS	LOCCUPATI ST OF WORKING EWITE	LIFE)	OF WORK	OF	ND OF BUI R INDUSTR Mema	SA
AND 3 AND 3 RETAIL HOULD RECOR	13a. S	1 /			13c. CITY OR				13e. STREE 135	T ADDRESS	lech:	ani	e S	t.	
AGES 1, 2, RM PM 3. I AND 2 S OFVITAL		THER'S NAME FIRST Z	Edw	ard		nson		THER'S MAIDEI FIRST Lizzie		MIDDLE B			and the same of	LAST ers	
AFTE IVE P. GES GES ISION		VAS DECEASED EVER IN U.S. S, NO, OR UNKNOWN] (IF YES, C	ARMED FO		236-2	SECURITY NO.		x Swis	sher		odress eraa	and	, M	d.	
EM 18. G EM 18. G ONG WIT EME, DIV		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	only one	Cor			diseas	е	90				BETY	PPROXIMATE WEEN ONSET CATS	INTERVAL AND DEATH
VITHIN 2		Conditions, it any, wh	any, which DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis, generalized											11	
IN PENC EXAMIR RIAL-TRA O MENT.		couse (a) stating the unc lying cause lost.		DUE TO, OR	AS A CONSEC	DUENCE OF								94	
EXECTION ION		PART 2 OTHER SIGNIFICANT CONDITI							RT 1 (a).						
AS ALTHERAL	NOI	Diabetes m	ellit	•			-								
USED SE HE	FICAT	19a. DATE OF OPERATION		196. CONDIT	ION FOR WH	ICH OPERATION	ON WAS PERF	ORMED?						AUTOPSY?	
FICATE SI- THE WOR O THE COULD BE RYMENT COUNTY TO BURIA	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE (21b. TIME OF HOUR A.M. P.M.	INJURY MONTH DA		Nc. HOW INJU	RY OCCURRED	D (ENTERNAT	URE OF INJURY I	IN ITEM 18 PA	ART I OR PA		YES 🗌	NO K
MRITING MRITING MARDED T NGE 3 SH ATE DEPAI 01 PRIOR	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e PLACE O	OF INJURY {/		If. LOCATION STREET		C	ETTY OR TOWN		co	YTAUG		STATE
EXAMINER: TR CERTIFICATE, V ULD BE FORW DIRECTOR: PA , WITH THE STA (ARYLAND, 212		220. I certify that I took ch death resulted from: No	orge of the		Accident	held on Suicide		Inspection micide		Inquiry X		in my o		-24-7	9
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE, M		EXAMINER'S NAME Jam	es H.	Feaste	r, Jr.	, M. D	M.D	107 S.		St.,		SIGNI	ED		
PAC PAC PAC BAL	23a. Bt	JRIAL, CREMATION, REMOVA					ERY OR CREMA	ATORY	23d, LOC/ CITY OR	ATION		cou	HET	311	che
BP	24 EI	Burial	Aug	.26,19	979 1	Vekley	r Chap	25a. DAN	Po	inte	Sh. REAL		shy	in.	W. Va
DHMH - 17 (VR A15 ME (5)) 15M 7/77	27. (NAME	Mill	er R	omney	, W.	Va.	254.045	FF	ופופו	- year	7	y m	Chase	7 .

the attending physician and completely filled in by this remove corbanpapers. Pages 1 and 2 should be filled

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban papers: P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MAPORTANT: If Hem 21 is marked ar Item 18 shows any injury, ar other traumatic event, the m

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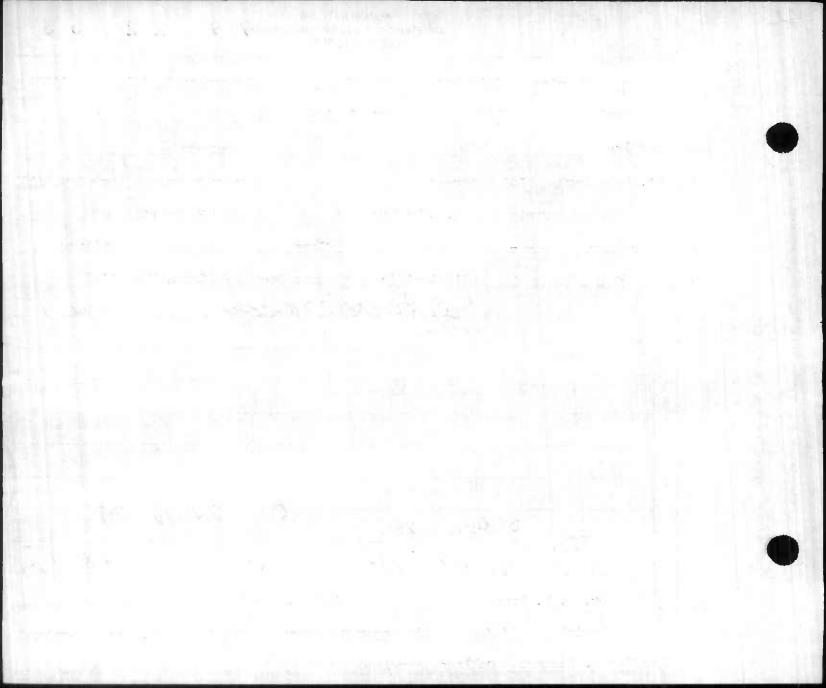
STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR		DEFARI	CERTIF	ICATE OF DEATH	REG. N	0.		3. 0
I DE	CEASED NAME FIRST		MIDDLE	L	AST		MONTH DAY	YEAR	2b HOUR
(TYP	e or print) Charle	col	umbus	MAS	ON	September	2, 1979		1130A M
3 SE		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
	Male	Whit	e	Mav	21, 1884 YEAR	95	YRS	HS DAYS	HOURS MIN.
70 B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	8		9 BALTIMORE CITY C	111.00	DEATH	
	Maryland	11	SA	WIDOWE	D X NEVER MARRIED L	Garrett			MD
	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
	th Tales David		H FACILITY, GIVE STREE	T ADDRESS)		(TYPE OF WORK FOR MOST C		NDUSTRY	Tarr Will
JUST	It. Lake Park	OR OTHER INSTITUTION	Street GIVE RESIDENCE BEFO	RE ADMISSION)		Farmer-Oper	rator F	arm-s	Saw Mill
13a	STATE 13b CO	UNTY	13c. CITY OR TOV	MN	136 INSIDE CITY LIMITS?	13e STREET ADDRESS			
IA E	Md. Gar	rett	Mt. Lak	e Park	YES W NO	1 300 R St	reet		
	FIRST	WIDDLE	LAST		FIRST	WIDDLE		LAS	
1	Buckner -		Mason		Clara	ADDR	E C C	_Wilb	ourn
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	233		
	No		212-18-	1445	Osbourne Mas	son, Oakland	l, Md.	<u>21550</u>	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one couse per	line for ian ibi o	nd ic	0		1	BETWEEN	MATE INTERVAL ONSET AND DEATH
		ATE CAUSE (a)	Carr	ella	scellas	13		20	22
	4419	DUE TO O	R AS A CONSEQU	JENCE OF					
	Conditions, if any, which	(b)						V	
	gave rise to immediate couse to, stating the	0,0	D 45 4 CONSTO	IENICE OF					
1	underlying couse lost.	DUE 10, O	r as a consequ	JENCE OF					
	PART 2. OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN II	N PART 10	0
Z									
CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDIN	NGS USED
Ę						YES NO X	IN CERTIFYING	j CAUSES	NO T
1 %	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR		RY IN ITEM 18, PART 1	OR PART 2)	
	OR CONTRIBUTING CAUSE OF I	DEATH	M. MONTH D	-					
MEDICAL	21d. INJURY OCCURRED	21e PLACE	M. OF INJURY	19	21f LOCATION	-			
ME.	WHILE AND WHILE	(AT HOME, ST	REET, FACTORY, OFFICE	FARM, ETC.)	STREET	CITY OR TO	WN C	VINUO	STATE
-	AT WORK	15 15 15 15 15 15 15 15 15 15 15 15 15 1			100	201	m in	3	4h - 4 (1) (a) 4
1	22a.1 certify that (1) (this has	8/60	le deceosed fram,	79	nd that in (my) (our) apinian	death accurred on the d	ote and hour and		that (I) (we) lost
	abave, (1) (wer(did) (did 22b. SIGNATURE				DEGREE /			22c. DATE	
	III. SIGNATURE	Men	1	no	ATTENDING	MEDICAL STA		44-8	11/17
	a//	MA	nie	100	PHYSICIAN [DIRECTOR PHYSIC	CIAN 🗌	1900	11/5
	22d. PHYSICIAN'S NAME (TYPI	E OR PRINT)			27e ADDRESS			/	
	Dr. A. H	. Mance,	MD		Third St., (Dakland, Md.	21550		
23a.	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23¢.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUR	NTY	STATE
	burial	9/4/7	9 Fi	tzwate	er Cemetery	Swanton.	Garret		Marvland
24 F	FUNERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR			
F	Bradley A. Stew	art Oa	kland, M	arvlan	d 21550 SFI	1 0 1970	Pit	hon	
	,	- 50		y =- (4.1)	210001,111		- parent	The state of the s	

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.



	ICAL EXAM	THE CERTI	SHOULD B	RAL DIREC	EATH, WITH	DE AA DVI
DIVISION OF VI	CAL EXAMINER : THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSAR	THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL (SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YC	RAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN	EATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MAIL RECORDS, 30,1 W, PRESTO	AND STANDARD OF SOUR STANDARD
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	SHOULD BE EXECUT	ORD "PENDING" IN	CHIEF MEDICAL E	E USED AS A BURL	OF HEALTH AND	O LAL COCAAATIONI
1 W. PRESTON ST	TED WITHIN 24 HO	PENCIL IN ITEM	XAMINER ALONG	AL-TRANSIT PERM	MENTAL HYGIENE	D DEALOWAL
., BALTIMORE, MI	DURS AFTER DEAT	18. GIVE PAGES 1	WITH FORM PW	IT. PAGES 1 AND	DIVISION OF M	11
D. 21201	H. IF ANY DELAY	, 2, AND 3 TO TH	3. RETAIN PAG	2 SHOULD BE FIL	AL RECORDS, 30.	7 100 11
	IS NECESSAR	HE FUNERAL (E 5 FOR YC	ED, WITHIN	J W. PRESTO	1

		FOR STATE			DEPART	STAT		ARYLAI AND M		HYGIEN	E O	2	2	16	d
3		REGISTRAR		MEI		EXAMINI	ER'S C	ERTIFI	CATE	OF DEA	TH	REG. NO	0.	, 4	-7
(M)		CEASED NAA			MIDDLE			LAST			20. DATE OF	KNOWN X	МОМТН		R 2b. HOUF
48 78 E			Ercil		Dona.							MATED		22 19 7	9 630P
SSARY, FERSAL DIRECTOR F YOUR F HIN 72 HOUR FIND TO HOUR FIND TO HOUR FIND TO HOUR FIND TO HIN TO HOUR FIND TO HIN TO HOUR FIND TO HOUR	3 SEX	ale	4. RACE White	May 1, 1	YEAR	6. AGE (IN YEAR LAST BIRTHDAY	Y) MONTH		HOURS HOURS		2c. DATE PRONOUN DE AD	CED	MONTH 9	22 ₁₉ 7	9 645P
SSAR YOUR THIN	7a B1	RTHPLACE (STATE OR	76. CITIZEN OF WE	AT COU			ED NE	VED 44 A DE	DIED 🗆	9. BALTIM	ORE CITY C	R COUN	ITY OF DEATH	
NECESSA FUNERAL 5 FOR Y WITHIN		West	Virginia	USA		467	WIDOW	ED X	DIVOR	CED	Garr				MI
LAY IS O THE PAGE E FILEC	Oa.	ty or town kland	/	11. NAME OF HOS (IF NOT IN SUCH FA Cuppett-	Week	S Nursi	ng H		NOIT	FORA	JAL OCCUP MOST OF WORK Cired	ATION (TYPI	E OF WORK	12b. KIND OF OR INDL Meat	ISTRY
ANY DE AND 3 T RETAIN GCORD	13a. S	TATE	E (IF IN NURSING HOME C 136, COUN	TY	13c. CIT	Y OR TOWN		13d. INSIDE O			EET ADDRE				
		THER'S NAM	Alle	gany	T Car	nberland	1			EN NAME		ederi	ck_S	t.	
S 1, 2, PM 3. VD 2 SI	14.17	FIRST	Jesse C. 1	MO Donold		LAST		13. MOTH	FIRST		M	DDLE		LAST	
PAGE FORM ON OF	16a. V	VAS DECEAS	ED EVER IN U.S. AR		16b. SO	CIAL SECURITY	NO.	17. INFOR	WANT BET	le Zo	re	ADDRESS			
AFTE IVE P	(Y)	Yes	18-19	25-9-1926				Mrs .E	Edwar	d Mc	Gee	Cumi	herla	and Md.	
DURS AFTER DEATH BURS GIVE PAGES 1, WITH FORM PM WITH FORM PM WITH PORB PAGES 1, DIVISION OF WEL			OF DEATH (Enter an	y ane cause per line	far (o). (b	a), ond (c),)						O CONT	001 10	APPROXIA	AATE INTERVAL
ERWIT	02	PARTIC	DEATH WAS CAUSED	BY: CAUSE (a)	oron	ary art	ery o	disea	se					Years	NSET AND DEATH
2=400		414	19 IMMEDIA			NSEQUENCE O				1 73		1			3,14,14
D WITHIN AMINER A TRANSIT ENTAL HY	31		ans, if any, which	(b) A	rter	ioscler	osis	, gen	erali	zed				11	
AMIL ENT.		cause (a) stating the <u>under</u> -	DUE TO, OR	AS A CO	NSE O UENCE O	F					1	760		
EX. EX.		lying co	Jose IOSI.	(c)							1.0				270
ULD BE EXECU "PENDING" IN EF MEDICAL BED AS A BUR HEALTH AND CREMATION, C	NO	PART 2 DTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TERMI	NAL DISEASE	DR (DNDITID	N GIVEN IN P	ART 1 (a).					
Se Fe	CERTIFICATION	19a. DATE O	FOPERATION	196 CONDIT	ION FOR	WHICH OPERA	W MOITA	AS PERFOR	RMED?					20. AUTOP	SY?
ATE SHO THE CHI TO BE US VENT OF BURIAL,	TIF									Obs.	1		. 7	YES [] NO [
SEOSES)	AL CE		IAL CAUSE WAS G OR ING CAUSE OF E	21b. TIME OF HOUR A.M DEATH P.M	. MONTH	DAY YEAR	21c. HC	OW INJURY	OCCURR	ED (ENTERN	NATURE OF INJ	JRY IN ITEM 18 I	PART 1 OR PA	ART 2)	
CERTIFING TIPED TO SHORE 3 SHORE PRIOR	MEDICAL	21d. INJURY	OCCURRED	21e PLACE C	OF INJURY	Y (AT HOME,		CATION							
VRITION ARDINATED GE :	¥	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM,	ETC.)	5	TREET			CITY OR TOV	/N	CO	YTAUC	STATE
LEXAMINER: THIS HE CETIFICATE, WR HOUGH BE FORWAR HOUGH BE FORWAR HOREGYOR: PAGE H, WITH THE STATE MARYLAND, 21201			tify that I taak charg		Accident		Autops	, Homi	cide .		Inquiry ermined ma	nner .	DATE	pinian ED 9- 22-	79
TO MEDICAL E EXECUTE THE C PAGE A SHOU AFTER DEATH, BALTIMORE, MA	/	EXAMINER'S	S NAME Jame	s H. Feas	ter,	Jr., M	. D.	ADDRESS_	107 S						
PACT AFT BALL	23a. Bl		ATION,REMOVAL 2	3b. DATE	23c.	NAME OF CEM	ETERY O	RCREMAT	ORY	23d. LO	CATION		cou	INTY	STATE
BP	В	urial		9-25-1979	Z	ion Mem	oria			Cur	nberla	ind, A	lleg	any Mo	
DHMH - 17 (VR A15 ME (5)) 15M 7/77	24. FU	NERAL DIRE	James F.	ADDRESS Scarnella	0				SE SE	EP27	REGISTRA 19/9	25b. REG1	ISTRAR'S	SIGNATURE	4
						W.C.T.L.A.Y	id., M	dv						-	

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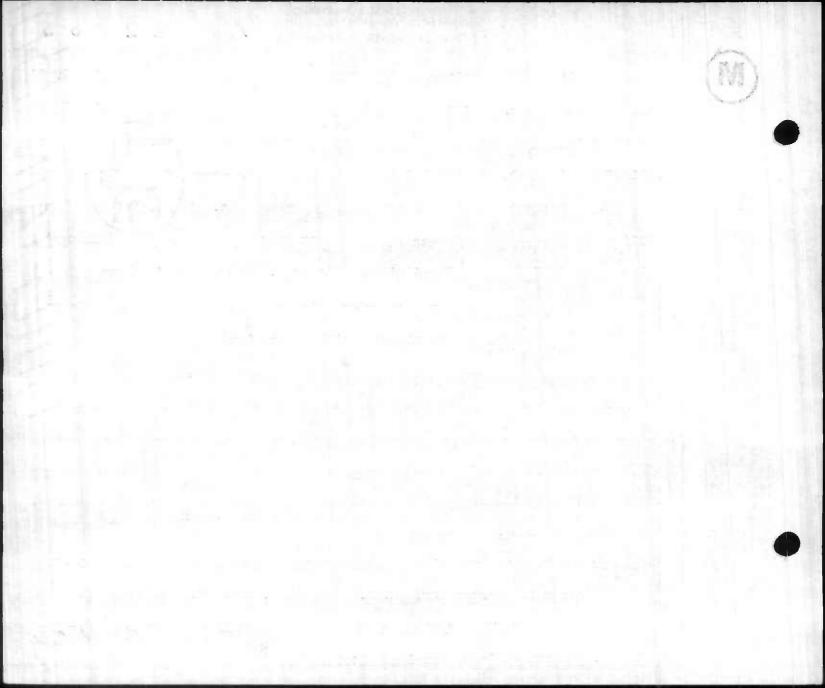
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSAMY EXECUTE THE CRRITICATE, WRITING THE WORD "PENDING". IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIPAGES 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOLD FOR THE THE STAIN PAGE 3 SHOULD BE USED AS A BURIAL TRRANST PERMIT, PAGES 1 AND 2 SHOULD BE FILED, WITHIN AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OE VITAL RECORDS 301 W. PRESTON BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	1	6	lon
REG. NO.	-	2.	-3	*

		STATE REGISTRAR		MEI	DICAL EXAMINE	R'S CERTIF	CATEO	FDEATH	REG. NO	41	Ö	3
		CEASED NAM	E FIRST		MIDDLE	LAST		20. DATE OF	ESTI- X	MONTH	DAY YEAR	26 HOUR
			Eli	Wa	alter	MOATS		DEATH	MATED [16 19 79	330PM
	3. SEX	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDAY	S IF UNDER 1 YR.	IF UNDER	24 HRS. 2c. DATE	CED	MONTH	DAY YEAR	24 HOUR
	1	Male	White	Apr. 9,			HOURS	DEAD	CED	9 :	16 1979	6P M
K	FO	RTHPLACE (S'		76. CITIZEN OF WH	IAT COUNTRY?	MARRIED N		ED 🗆	ORE CITY OF	COUNTY	OF DEATH	
0	We	est Vir	ginia	USA		WIDOWED [DIVORC		Garre			MD
0	1	Op 1-1 am		(IF NOT IN SUCH FAC	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS)	OR OTHER INSTIT	UTION	12a. USUAL OCCUP FOR MOST OF WORK			OR INDUST	TRY
		Oakland			Box 261-A /E RESIDENCE BEFORE ADMISSION	V)		Laborer		IC	ounty	Roads
5		TATE	13b. COUN		13c. CITY OR TOWN Oakland		CITY LIMITS?	13e STREET ADDRE	ss Box	261-A		
_	14. FA	ATHER'S NAME		1000	1 Carrana		HER'S MAIDE	N NAME		2012	<u> </u>	
0		FIRST		MIDDLE	LAST		FIRST	W	IDDLE	(11	LAST	
1		Willian	D EVER IN U.S. AR/	MED EODCESS	Moats 166 SOCIAL SECURITY		rgaret		ADDRESS	(U	Inknown	1)
1		ES, NO, OR UNKNO		WAR OR DATES)	220-10-100			Moats, Se		ahove		
		18. CAUSE O	OF DEATH (Enter on	ly ane cause per line	far (a), (b), and (c).)		7	110000)	0 11.0	above	APPROXIMAT BETWEEN ONS	
		PARTIDE			Coronary a	rtery di	sease				Year	s
	1	4/4	nst if any, which	DUE TO, OR	AS A CONSEQUENCE OF	F						
		gave (i	se to immediate) stating the under-	(b)	Arterioscl AS A CONSEQUENCE OF		genera	lized			11	
		lying cau		(c)	AS A CONSEQUENCE OF	200				-33		
	N O	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITI	ON GIVEN IN PA	RT 1 (a).				10.
	CERTIFICATION	19e. DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OPERA	TION WAS PERFO	RMED?				20. AUTOPSY	(?
1	TIFI										YES 🗌	NO S
3		UNDERLYING	AL CAUSE WAS OR NG CAUSE OF I		MONTH DAY YEAR	21c. HOW INJUR	Y OCCURRE	D (ENTER NATURE OF IN)	JRY IN ITEM 18 PA	ART 1 OR PART 2	1)	
	MEDICAL	21d INJURY C	NOT WHILE C		OF INJURY (AT HOME, ORY, FARM, ETC.)	211 LOCATION STREET		CITY OR TOV	M	COUNT	ī¥	STATE
		1	fy that I taak charg	e of the remains described and courses	cribed above, held an		Inspection	n 🕱 , Inquiry Undetermined ma		in my apini	an	
-		ACTUAL SIGNATURE	an- N	ノナエ	£	M.D. DEP	(SPECIFY)	MEDICAL EXAM	INER	DATE SIGNED	9-16-7	9
0	istolf.	EXAMINER'S (TYPE-OR PRI	NAME NI) <u>James</u>	H. Feaste	er. Jr. M.	D. ADDRESS	107 S.	2nd. St.	, Oakl	and.	Md.	
	23e.Bl		TION, REMOVAL 2		23c. NAME OF CEMI			23d. LOCATION		COUNTY		STATE.
	(2		rial	9/19/79	Ashby Cem	neterv		Oakland,	Garr		Marvl	4
	24. FU	UNERAL DIREC	TOR	ADDRESS	, , , , , , , , , , , , , , , , , , , ,	3027	25e. DATE	REC'D. BY REGISTRA			HAME!	rade
	В		A. Stewa		. Maryland	21550	1	SELS I 13	P	/	- 4	

DHMH-17 20M 1/73 (VR A15 ME (5))



ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after dea

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

1	FOR			E OF MARYLAND BEALTH AND MENTAL HYG	nene7 O	2 2	1 6	6
- 34	- STATE REGISTRAR			ICATE OF DEATH	REG. NO	6- 6-	, 0	Q
1	1. DECEASED NAME FIRST	MIDDLE		AST		MONTH DAY	1979 2	1 HOU
	(TYPE OR PRINT)	is Mav	PAI	J G H		9 20	1919	1:5
1	3. SEX	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF U	UNDER I YEAR	IF UNDER
	Female	White	O.S.	t. 28 1905	73	YRS.	THS: DAYS F	HOURS
35	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) W.Va.	76 CITIZEN OF WHAT CO	OUNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
25	Oakland	Cerrettac Co	L, NURSING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE)	126. KIND OF E	BUSINE
35	USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 CO	or other institution, give residunty leral I3c CITY LELK	pence before admission) y or town C Garden	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS			
29	14 FATHERS NAME FIRST Patrick	MIDDLE Sm	nith	15. MOTHER'S MAIDEN NA Sarah	ME MIDDIE		Armna	1t
3	160 WAS DECEASED EVER IN U.S.	APMED EOPCESS TIAL SOC	12-5407D	17. INFORMANT David A. Bu	urdock K	ss itzmil]	Ler, Md	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for I	o1, (b1, and (c1.)	1.0			APPROXIMA SETWEEN ONS Years	TE INTER
		ATE CAUSE (0)	nic renal	disease			rears	3
		DUE TO, OR AS A CO		NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	IN PART 1(a)	
2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FO	DR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDING	
9	OR CONTRIBUTION CALLER OF	ZEATH.	Y ONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I	1 OR PART 2)	
	(IF EITHER, NOTIFY MEDICAL EXAMIN 216. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTO	RY DRY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	/N	COUNTY	ST
	22a. I certify that (I) (this has sow the deposed alive (I) (WA) (did) (did)	spiral) operded the deceas	ed from 19/14	nd that in (my) (our) opinion	to 2-20-79	te and hour ar		ot (I) (v
	22b. SIGNATURE	ten	£0		MEDICAL STAR DIRECTOR PHYSIC	F IIAN 🗌	22c DATE SK 9-26	GNED
1	ames H. Feas	ster, Jr., M.	D•	107 S. 2nd.		l, Md.		
	Burial 9			emetery or crematory ah Cemetery	23d LOCATION CITY OR TOWN Elk Gard		ineral	ST.
	Bürial 9. 24. FUNERAL DIRECTOR NAME David A. Bure	A	Kalbau Kitzmiller	gh Cemetery Md.	Elk Gard	den M		NE C

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death

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attending physician

shauld be detached for use as the burial-transit permit. Then please remove carbanpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval

IMPORTANT: If them 21 is marked at them 18 shaws any

TO FUNERAL DIRECTOR. After this certificate has been

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

BP.

injury, or ather troumatic event, th

STATE OF MADVIAND

1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 9	2 :	2 / (5 /	
	CEASED NAME OR PRINT) B	ernice		ittes I	PIFER	AST	September		.979	26. HOUR 0310 A	
	Female		White		5. DATE C	mber 30, 1923		YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
C	RTHPLACE (STATE OR FO		U.S.		WIDOWE			t Cour	ity,	WE	
0a	ITY OR TOWN OF DEA	G	arret	E ACCOUNTEY	ADDRESS) PIEIIIOT	r other institution	TYPE OF WORK FOR MOS!		FE) INDUSTRY	Home	
13a. S	AL RESIDENCE (IF NURS STATE Md ATHER'S NAME FIRST	ING HOME OR OTHE	ett	GIVE RESIDENCE BEFORE 136. CITY OR TOW Oakland LAST		13d. INSIDE CITY LIMITS? YES NO W	Star Rt.		0x 65-A	Ţ	
	Eli VAS DECEASED EVER YES, NO OR UNKNOWN) NO	Walter	r FORCES?	Moats 166 SOCIAL SECU 212-32-8		Lucy 17. INFORMANT Clarence W. 1	Jan ADD	RESS	bove	mate interval	
	Conditions, if any, gove rise to imm cause (a), statin underlying cause	which ediote g the lost	DUE TO, OR (b) DUE TO, OR	AS A CONSEQUE	ence of	mic He inscherolis	art D. Varcui	enan In De	VEN IN PART 110	dayr	
CERTIFICATION	198 DATE OF OPERATION 196 CONDITION FOR				OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO RED (ENTER NATURE OF IN	IN CERTII	S, WERE FINDIN FYING CAUSES ES		
MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLAC			A. MONTH DA A. DE INJURY EET, FACTORY, OFFICE, F	19	211. LOCATION STREET	CITY OR I		COUNTY STATE		
	22a I certify that (I) sow the decease above (I) 22b. St. ATTE	d olive on	V L	()	76	d that in (my) (eer) opinion of the property o	MEDICAL ST	date and hou	1979 or ond from the		
		H. Lei	,	THE STATE			nd, Md. 2	1550			

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 9/12/79 burial

23c. NAME OF CEMETERY OR CREMATORY Ashby Cemetery

23d LOCATION CITY OF TOWN

24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

Bradley A. Stewart

Oakland, Maryland 21550

Oakland, Garrett, Maryland
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAPORE

COUNTY

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MIDDLE LAST . DECEASED NAME FIRST 20 DATE OF DEATH MONTH (TYPE OR PRINT) PEARL LENA PUGH 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) YEAR MONTH DAY 1903 female white 6 20 76 70 BIRTHPLACE: TATE OF GREEN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Garrett Co. U.S.A. Garrett WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Home Housewife Kitzmiller DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COUNTY 131. CITY OR TOWN Carrett Kitzmille 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Garrett Kitzmi Main St TES X 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE FIRST MIDDLE Sharpless Ida John 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) physici CAUSE OF DEATH (Enter only one couse per line to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE oronas Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 0 CERTIFICATION 0 190 DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? per Mental Hygi TIN TIME OF INJUSTY 21a. ACCIDENT WAS UNDERLYING. 18 HOUR A.M. MONTH DAY YEAR DECONTRIBUTINO [] CAUSE OF DEATH Item MEDICAL CIPETINES, NOTIFY MEDICAL EXAMINES 214. INJURY OCCURRED 71 . PLACE OF INJURY TH LOCATION ō the k AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OF TOWN NOT WHILE AT WORK 17a I certify that III (this handal) attended the deceased from DIRECT DECREE

FOR

- STATE

REGISTRAR

Harvey ADDRESS Kitzmiller APPROXIMATE INTERVA 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [THE HOW INJURY OCCURRED (SHITER HATURE OF PAGIET IN TEM 18, PART) OR PART 2) COUNTY STATE and that in (my) seem opinion death occurred on the date and hour and from the course stated THE DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN Herbert H. Leighton, M.D. Oak @ 5th Sts., Oakland, Maryland 21550 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY 9/20/79 Zion Garrett Md 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE David A. Burdock ADDRESS Kitzmiller

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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IF UNDER 24 HRS

2b. HOUR

HOURS

126. KIND OF BUSINESS OR

YEAR

79

DAYS

INDUSTRY

IF UNDER I YEAR

REG. NO

DHMH - 16 50M 7/77 (VRA 15 (4))

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24. FUNERAL DIRECTOR

Burial

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iki trott-ö	192			25/8	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funes should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

retained by the haspital ar attending physician.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

FOR	- 1	STATE OF MARYLAND RTMENT OF HEALTH AND MENTA	AL HYCIENE O O	2 / 6 9
- STATE REGISTRAR	DEF A	CERTIFICATE OF DEATH	. The state of the	4 / 0 7
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(TYPE OR PRINT) John	Marshall	ROHRBAUGH	SEPTEMBER	21, 1979 2:50
3. SEX M ale	* RACE White	S. Date OF BIRTH 188	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY &	76. CITIZEN OF WHAT COUNTR U.S.A.	MARRIED NEVER MARRIE	9 BALTIMORE CITY OR COUN	
Oakland	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Garrett Co.	SING HOME OR OTHER INSTITUTION REET ADORESS) Memorial Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	IZB. KIND OF BUSINESS OF INDUSTRY Mines
USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 136 COUN Md • Gam	other institution, give residence bei		51 6	
14. FATHER'S NAME	Rohrbau	is Mother's Maid	San MAME	Ours
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b SOCIAL SE 215-05		ADDRESS Burdock Kitz	miller , Md.
PART 2. OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	Likewa Du		HE TERMINAL DISEASE OR CONDITION (200, AUTOPSY? 200, AUTOPSY? 200, AUTOPSY?	GIVEN IN PART 1(0) YES, WERE FINDINGS USED THEYING CAUSES OF DEATH?
4 8			YES NO	YES NO
216. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) WHITE NOT WHITE ON COMMITTEE ON COMMITT			OCCURRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
sow the deceased alive on above. (1) المخطوط المنافقة ال	y view the body after death.	DEGREE ATTENE PHYSIC	pinion death accurred on the date and I	19—79, that (I) (wa) hour and from the couses stated 22c. DATE SIGNED 9—24-79
Dr. George Sto	ltzfus, M.D.	Rox 6	Friendsville	Md 2/53/
230. BURIAL, CREMATION, REMOVAL	23b. DATE 23	3c. NAME OF CEMETERY OR CREMA	TODY 1774 ICM ATICAN	,
(SPECIFY) Burial	9-24-79	Kalbaugh Cemet		commineral staw.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours effer death retained by the haspital or offending physician.	24 hours after deat
TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the funer should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be tilled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	filled in by the funer ould be filled within 7
IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical Examiner must be included in an	must be rapified in a

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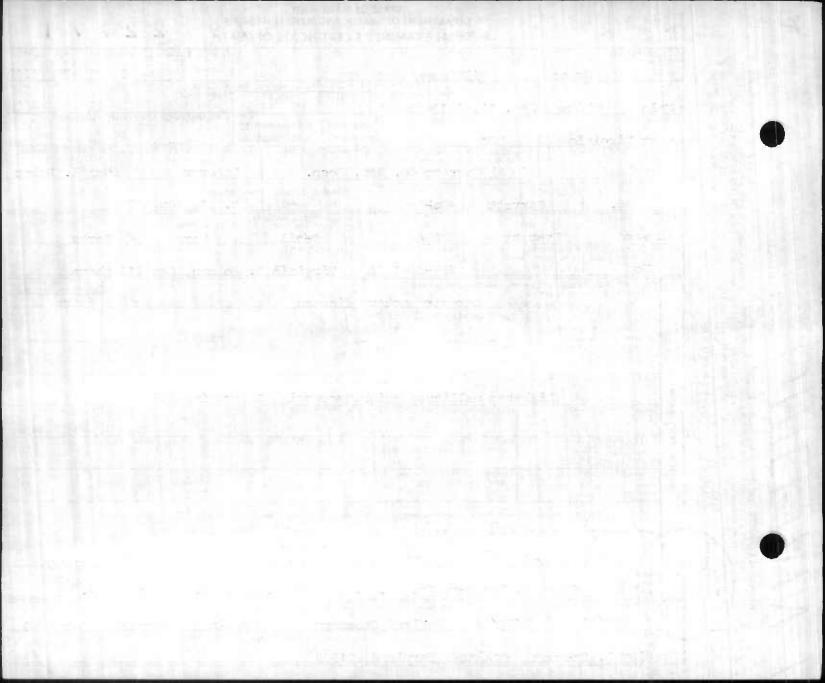
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FOR

STATE OF MARYLAND DEDADTMENT OF HEALTH AND MENTAL HYCIENE

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REG. NO).		- 70	•

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., BALTIMORE, MD. 21201	URS AFTER DE B. GIVE PAGES WITH FORM PAGES 1 AN DIVISION OF	160	WAS DECEASI (YES, NO, OR UNKN NO	ED EVER IN U.S. ARM OWN) (IF YES, GIVE V	AED FORCES? WAR OR DATES) 21	2-74-	y NO. 3806	Jan:	ice	Bowe	er, (220°S Glen	unse Burn	t I	rive Md	9
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST	HIS CERTIF WRITING T VARDED TC AGE 3 SHC ATE DEPAR	MEDICAL	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e PLACE OF INJUR		21f. LOC	ATION			CITY OR TO	DWN	cc	YTANG		STATE
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BAKLIMORE, MARYLAND, 212	1		tify that taak charge	e of the remains described ab		Autaps		Inspectio		Inquiry ermined m		nd in my a	pinion		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached far use as the busial-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be filled within 72 hours after death, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, or ather troumatic event, the medical Examiner must be metified at once.	

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE/	9	2	2	1	7	3
	CERTIFICATE OF DEATH		REG. N	10.	3371		190	
ŧ	LAST	2a. DATE	OF DEATH	MONTH	DAY	YEAR	2b.	HOUR

	FOR STATE REGISTRA			DEPARTM		H AND MENTAL HY		221	15
	I. DECEASED NA		MIDE	DLE	LAST		REG. NO	O. MONTH DAY YEAR	2b. HOUR
	(TYPE OR PRINT)	ALVA	DAV	TD	THOMAS	3		09-27-79	1027
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O HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 may etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, in as should be detached for use as the buriol-transit permit. Then please remove corbompopers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MAPORTANT: If them 21 is marked or Item 18 shaws any injury, or other troumatic event, the medical examine mystrpe faithed at darked.
executed within 24 hour	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MAPORTANT: If them 21 is marked or them 18 shaws any injury, or other troumotic event, the medical examine met be half hed at opter
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CERTIFICATE OF DEATH	REC	S. NO.	- 19			40
ARTMENT OF HEALTH AND MENTAL HYGIENS	9	2	2	1	1	4
STATE OF MARYLAND					Aug A	

FOR STATE REGISTRAR			DEPARTA		TH AND MENTAL	HYGIEN	PEG. NO.	2 2	1 7	7 4
1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDE	DLE	LAST		2a. DATE	OF DEATH MO	NTH DAY	YEAR	2b. HOUR
(TITE ORTHUT)	Riley	Otto	TUTWI	LER		Se	ptember	08, 19	979	437P
3. SEX	4	RACE	WH THE	5 DATE OF BI			YEARS LAST BIRTHDA		DER 1 YEAR	IF UNDER 24 HRS
Male	100	White		Jan	38,1899	5 8	34	YRS.	HS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE COUNTRY)	OR FOREIGN 7	CITIZEN OF WH	HAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Ga	orecity or c	COUNTY OF	DEATH	M
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14 FATHER'S NAME	eph "	DDLE T	utw ¹ 11e		ATTVE	rta Mil				
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TIFIC						YES 🗆	NO	VES TIFYING	CAUSES	OF DEATH?
OR COMPRISIONED	CAUSE OF DEATH	21b. TIME OF II HOUR A.M. P.M.	MONTH DA	Y YEAR	. HOW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN	TEM 18, PART I	OR PART 2)	
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22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)		226	ADDRESS				/	1
230 BURIAL, CREMATIC		Sep11.	79 23c. N	AME OF CEME	TERY OR CREMATO	ORY 23d. LOC	CATION COLIQUEN H	าพกรที่ใ	Tre 1	V STATE

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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSIVE THE CERTIFICATE WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO THE FUNEIN	MACE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED, WITHIN	AFFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PREST	100
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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3	3. SEX			4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YE	AR IF U	NDER 2
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